2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 30, 2008 8:00 am
Secretary of State
04-24-2008 90115 015 ***158.75

DOCUMENT # P03000131428

1. Entity Name

GILDA MARIA DE LA CALLE M.D., P.A.

Principal Place of Business	Mailing Address
1790 W 49TH ST STE 303 HIALEAH FL 33012	1790 W 49TH ST STE 303 HIALEAH FL 33012

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1435 W. 49th PL.	1435 W. 49th PL.
Suite, Apt. #, etc. STE. 400-B	Suite, Apt. #, etc. STE. 400-B
City & State HIALEAH, FL	City & State HIALEAH, FL
Zip 33012 Country	Zip 33012 Country

4. FEI Number 20-0396979 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DE LA CALLE, GILDA M 1790 W 49TH ST HIALEAH FL 33012	Name GILDA MARIA DE LA CALLE MD. PA. Street Address (P.O. Box Number is Not Acceptable) 1435 W 49 PL STE 400-B Hialeah FL 33012 City Hialeah FL Zip Code 33012

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] DATE

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR DE LA CALLE, GILDA M 1790 W 49TH ST HIALEAH FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1435 W 49 PL Ste 400B Hialeah FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6/24/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #